



NOTES

COGNITIVE & DISSOCIATIVE DISORDERS

GENERALLY, WHAT ARE THEY?

PATHOLOGY & CAUSES

- **Cognitive disorders:** involve cognitive decline
- **Dissociative disorders:** involve detachment from past/present versions of oneself/the world

CAUSES

- Past trauma/stress may cause/worsen condition

COMPLICATIONS

- Personality changes, depression

SIGNS & SYMPTOMS

- See individual disorders

DIAGNOSIS

- See individual disorders

TREATMENT

- See individual disorders

AMNESIA

osms.it/amnesia

PATHOLOGY & CAUSES

- Acute loss of memory

- Associated with storage and retrieval phases of memory
- Usually involves damage to cortex

TYPES

Anterograde amnesia

- Inability to form **new memories**
- Associated with encoding and consolidation phases of memory
- Usually involves damage to prefrontal cortex/hippocampus

Retrograde amnesia

- Inability to recall **old memories** (may result in creation of false memories)

CAUSES

- Head trauma, infection, neurodegenerative diseases (e.g. dementia/Alzheimer's), brain tumours, thiamine deficiency (causing Wernicke–Korsakoff syndrome), benzodiazepines, electroconvulsive therapy

COMPLICATIONS

- Range of potential complications (e.g. confusion, loss of identity)

VISIT...

LANZAROTE
Caliente.COM

SIGNS & SYMPTOMS

- Acute memory loss, affects memories created before/after an event (or onset of illness)

DIAGNOSIS**DIAGNOSTIC IMAGING****MRI/CT scan**

- Brain damage/abnormalities

LAB RESULTS

- Nutritional deficiencies/infections

TREATMENT**PSYCHOTHERAPY**

- Occupational and cognitive therapies to enhance memory

OTHER INTERVENTIONS

- Often temporary (address cause)
- Mobile phones and digital devices as workarounds to memory loss

DELIRIUM

osms.it/delirium

PATHOLOGY & CAUSES

- Fast decline in attention/consciousness, thinking
- Sometimes accompanied by symptoms of hyper/hypoactivity

RISK FACTORS

- Disease (e.g. dementia, constipation, pneumonia, UTIs)
- Post-surgical complications
 - **Medications** (e.g. narcotic pain medications, benzodiazepines, hypnotics, anticholinergics)
 - Altered metabolic homeostasis (e.g. electrolyte or imbalance), chronic fatigue
- Increases risk of falling over → broken bones, head injuries, bruises, bleeds → longer hospitalizations, more complications, higher mortality rates

SIGNS & SYMPTOMS

- Difficulties with attention span, concentration, remaining conscious
- Disorganized/delayed thinking
- Hyperactive symptoms
 - Agitated/aggressive
 - Delusions/hallucinations
- Hypoactive symptoms
 - Sluggish, drowsy
 - Less reactive, withdrawn

DIAGNOSIS

- Issues with attention/consciousness and cognition, developing over short time (several days or fewer)
 - Difficulties with attention span, concentration, remaining conscious
 - Disorganized/delayed thinking
- Not explained by pre-existing neurocognitive condition
- Explained by other medical condition and/or exposure to/withdrawal from a substance

TREATMENT

MEDICATIONS

Severe symptoms

- Haloperidol/second generation antipsychotics

OTHER INTERVENTIONS

Preventative

- Make high-risk targets feel oriented, comfortable (reducing excess noise/stimulation; make sure glasses, hearing aids are used if needed; encourage daily routine)
- Avoid opiates, other causative medications; avoid restraints

DISSOCIATIVE DISORDERS

osms.it/dissociative-disorders

PATHOLOGY & CAUSES

- Characterized by disruptions or breakdowns of memory, awareness, identity, or perception.

TYPES

- Three types on scale of severity

Low severity: depersonalization/derealization disorder

- **Depersonalization:** feeling detached from own body/mind (e.g. feeling one's body is a robot/ feeling of watching self)
- **Derealization:** feeling of world not being fully real (e.g. feeling outside world not real/ lacks lucidity)

Middle severity: dissociative amnesia

- Inability to recall significant information about oneself (e.g. location of childhood home, what mother looked like)
- Four categories of amnesia
 - **Localized:** trouble recalling traumatic event (and surrounding period)
 - **Generalized:** trouble recalling significant portion of one's past
 - **Systematized:** trouble recalling specific category of information
 - **Continuous:** trouble recalling events after they occur
- Can involve dissociative fugue (individual becomes confused about identity, starts sudden travel/ wandering)

- Worsens under stress

High severity: dissociative identity disorder

- Feeling of having multiple identities which act/think/perceive differently, thus impairing ability to recall everyday/important information about oneself
- Two categories of dissociative identity disorder
 - **Covert:** individual aware of identity shifts, struggles to manage them
 - **Overt:** individual completely assumes different identities while unaware
- Can involve dissociative fugue (individual becomes confused about identity, starts sudden travel/ wandering)

CAUSES

- Thought to be primarily caused by psychological trauma; associated with sexual abuse, post-traumatic stress disorder, depression, substance abuse, borderline personality, somatoform conditions
- More common in biologically-female individuals

SIGNS & SYMPTOMS

Depersonalization/derealization disorder

- Explicit thoughts/behaviors related to depersonalization/derealization
- Emotional/physical numbness; weak sense of self

- Deadpan speech
- Altered sense of time
- Brain fog/lightheadedness
- Prone to rumination, anxiety
- **Severe symptoms:** difficulty recognizing familiar places, people, objects

Dissociative amnesia & Dissociative identity disorder

- Inability to recall significant information about oneself
- Altered consciousness (e.g. depersonalization, derealization)
- Depression, suicidal ideation

DIAGNOSIS

Depersonalization/derealization disorder

- Presence of depersonalization/derealization
- Symptoms affect day-to-day functioning
- Not caused by other condition/substance

Dissociative amnesia

- Inability to recall significant information about oneself, beyond everyday forgetting
- Symptoms affect day-to-day functioning
- Not caused by other condition/substance

Dissociative identity disorder

- Feeling of having multiple identities which act/think/ perceive differently
- Inability to recall significant information about oneself, beyond everyday forgetting
- Symptoms affect day-to-day functioning
- Not described by cultural/religious practices, nor by play (e.g. imaginary friends)
- Not caused by other condition/substance

TREATMENT

MEDICATIONS

- Antidepressants (like selective serotonin reuptake inhibitors)
- Mood stabilizers
- Neuroleptics

PSYCHOTHERAPY

- E.g., psychodynamic, cognitive, cognitive behavioral, supportive

OTHER INTERVENTIONS

- **Memory aids:** alarms, reminders, media (e.g. photos/videos/recordings)
- Occupational therapy